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CONFIRMATION NO. 7877

<b>SERIAL NUMBER</b> 10/609,155	<b>FILING OR 371(c) DATE</b> 06/26/2003 <b>RULE</b>	<b>CLASS</b> 601	<b>GROUP ART UNIT</b> 3772	<b>ATTORNEY DOCKET NO.</b> #903
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**APPLICANTS**  
 James D. Mahan, Odessa, TX;  
*OK M.B.*  
**\*\* CONTINUING DATA \*\*\*\*\***  
 This appln claims benefit of 60/391,765 06/26/2002  
**\*\* FOREIGN APPLICATIONS \*\*\*\*\*** *None H.R.*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
 \*\* 09/16/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature <i>M.B. Brown</i> Initials <i>M.B.</i>	<b>STATE OR COUNTRY</b> TX	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 13	<b>INDEPENDENT CLAIMS</b> 3
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**ADDRESS**  
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**TITLE**  
 Massage table for adjusting spinal area

<b>FILING FEE RECEIVED</b> 375	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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